

Coversheet for Transitional Assistance Program (TAP)

Available through MADAP

To be completed only by Case Managers*

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Mailing Address: Unit #54
500 N. Calvert St., 5th Floor
Baltimore, MD 21202

Eligibility Criteria for TAP: Client must be: HIV+ and being prescribed MADAP formulary medications, under income for MADAP and eligible for the Maryland Pharmacy Program, and a Maryland resident. *All questions on this cover sheet require an answer. Please print legibly.*

Please accept the attached copy of the Maryland Pharmacy Program (MPP) application as a request for TAP coverage for (client name) _____.

(MPP application available at <http://www.dhmf.state.md.us/mma/mpap/>)

Required Information (all questions must be answered)

1. **Client is HIV Positive:** ☐ Yes ☐ No

2. **List of MADAP formulary medications currently prescribed to client:**

3. **Prescribing Clinician's Name:** _____ **Phone #:** _____

4. **Lab Results, (not more than 12 months old):**

- a. Results of Last CD4 test: _____ Date of Test: _____ **and**
b. Results of Last Viral Load: _____ Date of Test: _____ **or**
c. Results are pending and not available at this time (date of most recent test) _____

5. **HIV Exposure Category (please circle):**

MSM	Hemophilia/coagulation disorder	Transfusion Recipient
IDU	Heterosexual contact	Mother HIV + (for child <12 years old)
IDU & MSM	Born in Pattern II Country	Other (describe) _____

6. **Supporting documentation to be sent to MPP and MADAP:**

Proof of Income **or**

No Income Verification Form (required): ☐ attached ☐ will be sent within 30 days

Proof of Residency (required): ☐ attached ☐ will be sent within 30 days

Other (list: _____): ☐ attached ☐ will be sent within 30 days

Other (list: _____): ☐ attached ☐ will be sent within 30 days

***Declaration of HIV/AIDS Case Manager, Licensed Social Worker, RN, DOC representative assisting client with Maryland Pharmacy Program and TAP applications:**

- ☐ Based on the information provided to me, the client appears to be eligible for the MPP.
☐ I have mailed the original MPP application and available supporting documentation to MPP. I will send all required supporting documentation to MPP within 30 days.
☐ I understand that TAP is only valid for three months beginning on the first day of the month of application.

Case Manager's Signature & Date

Case Manager's Printed Name

Phone Number

Organization

Street Address

City, State, ZIP